



Participant Liability Waiver

I acknowledge that this waiver and release of liability form will be used by the MissFIT Bootcamp holders, sponsors, and organizers, including A Change of Pace, and the City of Davis, in which I may participate and that it will govern my actions and responsibilities at this event. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical physician. I hereby take action for myself, my executors, administrators, heirs, next of kin, and successors. I hereby Waive, Release and Discharge from any claims, losses, or liabilities for death, disability, personal injury, property damage, theft or damage of any kind resulting from my participation in this event. I also grant permission to use my picture in any broadcast, telecast, or photo taken at this event. I hereby certify that I have read this document and completely understand all of its contents.

Print Name: _____

Signed: _____ Date: _____